	· •	ug~	
Case 2:06-cv-00363-I	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
			A. Signature
	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.		X (M) () () () Agent Addressee
	Print your name and address on the rev	erse	B. Received by (Printed Name) // C. Date of Delivery
	so that we can return the card to you. Attach this card to the back of the mail	piece,	1 1/28/06
	or on the front if space permits.	15	D. Is delivery address different from item 1? Yes
	Article Addressed to:		If YES, enter delivery address below:
	M. D. Peasant		
	S.H.C.U.		
	P.H.S., Inc.		
	P. O. Box 56		2. Carriag Time
	Elmore, AL 36025		3. Service Type ☐ Certified Mail ☐ Express Mail
	Elmore, TE 500=		Registered Receipt for Merchandise
		_	☐ Insured Mail ☐ C.O.D.
	2: Clock 363 (cmp lower	40 deg	4. Restricted Delivery? (Extra Fee) Yes
	Article Number		17PO 0007 54PS 4077
	(Transfer from service label)		eturn Receipt . 102595-02-M-1540
	PS Form 3811, February 2004		Statil Neocipt
		ugh	COMPLETE THIS SECTION ON DELIVERY
	SENDER: COMPLETE THIS SECTION		
	Complete items 1, 2, and 3. Also com	olete	A. Signature
	item 4 if Restricted Delivery is desired. Print your name and address on the re	verse	X When While Addressee
	so that we can return the card to you.		B. Received by (Printed Name) C. Date of Delivery
	Attach this card to the back of the ma or on the front if space permits.	iipiece,	2 delivery address different from item 12 Yes
	Article Addressed to:		D. Is delivery address different from item 1? Yes ' If YES, enter delivery address below: No
	1. Alliano Madiosos de la		
	Tai Q. Chung, M.D.		
	6936 Winton Blount Boulevard		
	Montgomery, AL 3611	7	
	5 3,123011	,	3. Service Type ☐ Certified Mail ☐ Express Mail
			☐ Registered ☐ Return Receipt for Merchandise
			☐ Insured Mail ☐ C.O.D.
	2:060x363 (cmp/on0e	400	Restricted Delivery? (Extra Fee)
	2. Article Number		1160 0001 5465 4058
	(Transfer from service label)		
	PS Form 3811, February 2004	Domestic F	Return Receipt 102595-02-M-154
		Pugh	OF OTHER ON OF LIVERY
	SENDER: COMPLETE THIS SECTION	1	COMPLETE THIS SECTION ON DELIVERY
	Complete items 1, 2, and 3. Also con	nplete	A. argnature
	item 4 if Restricted Delivery is desired	J.	X ☐ Addresse
	Print your name and address on the so that we can return the card to you	١.	B. Received by (Printed Name) C. Date of Deliver
	Attach this card to the back of the m	ailpiece,	1/10men 4-28-06
	or on the front if space permits.		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
	1. Article Addressed to:		If YES, enter delivery address below.
	Julio E. Rios, M.D. Baptist Medical Center South P. O. Box 241145		
	Montgomery, AL 36124	•	3. Service-Type
			☐ Certifled Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandi
			☐ Insured Mail ☐ C.O.D.
	2. 12. Cu 3.2 (cu 10.00)	نده، ۲۵	4. Restricted Delivery? (Extra Fee) ☐ Yes
	2: Clock 363 (Chip oull 2. Article Number		1160 0001 2962 4035
	Z. Atticle Humber	7005	77PA 1007 F 10F 1073